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| | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT | B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. |
| | WITH . | terms, so n back of |
| | PLAINLY | rmation sl I in plain tructions o |
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RECORD

4935 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead

| 2FULL NAME Ann Batson. | | |
|--|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
| 3 5 6 | Sande Black, Single, MARRIED, WIDOWED, ORDIVERCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| B DATE OF BIRTH TO Record (Month) (Day) (Year) | | that I last saw in allow office her, 191 |
| 7 AGE Obout 90 ups 11 LESS than 1 day,hrs. ormin.? | | and that death occurred on the date stated above, at |
| (a) | OCCUPATION) Trade, profession, or ticular kind of work | Whans tron |
| bus | o General nature of industry, siness, or establishment in ich employed (or employer) | (Duration) yrs. / mos. ds. |
| 9 BI | interplace tate or country) Maryland | Contributory (Secondary) (Duration) yrs mos ds. |
| 10 | 10 NAME OF Stephen Cornish, | (Signed) 3 13 lemb lefterson, M. D. |
| RENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| PAI | 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death |
| 14- | (informant) | Where was disease contracted, it not at place of death? Former or usual residence |
| 1 5 Fi | (Address) Oak arove New Judges 1913 Robert & Mashings | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 PCS DUTY COMETERS, DEV. 222, 191.3. 20 UNDERTAKER ADDRESS |
| - | MEGISTRAR | 13. 1. tramplom & Don Hederals bur |

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acctsuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreman scottchae etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereix symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopnicumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chroniu oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples: 01

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 3 1913 BUREAU, V.S.

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OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. properi AGE INK ADING may 0 terms, plain instructions DEATH CAUSE OF important. S

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1 PLACE OF DEATH STATE OF MARYLAND Dorchester. 4936 CERTIFICATE OF DEATH Registration Dist. No. near East new Market. Ilt death occurred in St.:....Ward) a hospital or lostitution. give its NAME lostead Boseter. of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR BACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) 7 AGE II LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory..... State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State yrs, mos, ds. Where was disease contracted. It not at place of death? ms. Albertina Boster usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

W. Willis

ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seniie," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis "Contributory." Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. usat neoplasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-



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1 PLACE OF DEATH Village or City 2FULL NAME. PERSONAL AND STAT 3 SEX 4 COLOR OR R white 6 DATE OF BIRTH norsms 7 AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishmenf in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or county)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

april 28 h

(Informanf)

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4937

LOCAL REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., walto., Requesting V. S. No. 1.



STATE OF MARYLAND CERTIFICATE OF DEATH

Cambridge his

| | Registration Dist. No. 15 |
|---|---|
| rolla (No | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and number.] |
| STICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 974 , 1877 nth) (Day (Year) | that I last saw h & allve on april 14 , 191 \$ |
| 19 ds. If LESS than the day, | and that death occurred on the date stated above, at 12.30 Am, The CAUSE OF DEATH* was as follows: Pulmonary Tubes and |
| truserife | Garage Tarkenson had a see |
| tonserife County Ind. | Contributory Secondary |
| nes Tyler | (Signed) Triff House yes, M. D. (Adored 28, 1913 (Address) Fraking Creek, Ind |
| ter County, Ind. | *State the DISEASE CAUSINO DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| eter County, Tud | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, |
| for Brufford | If not at place of death? Former or usual residence |
| A. Houston | Hoofur oille, Ind April 29 h., 1913. |

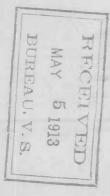
No. 02

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. should be taken to report specifically the occupations nine, etc. fication as Day laborer, Farm laborer, Laborer-Coal ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Measles (disease causing death), 29 etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations ou statement of



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DEATH in plan. plain WRITE Item OF Every Item CAUSE OF Important. 8 ż

10 NAME OF FATHER

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of FATHER (State or country

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

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| ounty Dorchester 4938 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| Village or City Bishop Had (No. 2FULL NAME James a Bramb | Registration Dist. No. 19 Step. Ward) Step. Ward) It death occurred in a hospital or institution, give its NAME instead of street and number. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, Single WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH Musch (Month) (Day) (Year) | 191, to |
| 7 AGE It LESS than 1 day, hrs. OR min.? | and that death occurred on the date stated above, at |
| B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in | (Duration) yrs, mos ds |
| which amployed (or employar) BIRTHPLACE (State or country) | |

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) At place In the ds. State yrs. ... Where was disease contracted. It not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Approved by U. S. Census and American Public Health
Association.]

have no occupation whatever, write Nonc. ING DEATH, state occupation at beginning of illchanged or given up on account of the DISEASE ant, Cook, Housemaid, etc. If the occupation has ersons engaged in domestic service for wages, as ld be taken to report specifically the occupations fully employed, as At school or At home. Care sewife, Housework, or At Home, and children, not es of the household only (not paid Housekeepers ion, as Day laborer, Farm laborer, Laborer—('na) nager," "Dealer," etc., without more precise speciement.: Never return "Laborer," "Foreman," erial worked on may form part of the second cery; (a) Foreman, (d) Automobile factory. The Spinner, (b) Cotton mill; (a) Salcsman, (b) litional line is provided for the latter statement; nature of the business or industry, and therefore an ses, especially in industrial employments, it is nec-ary to know (a) the kind of work and also (b) vil engineer, Stationary freman, etc. But in many vsician, Compositor, Architect, Locomotive engineer, st line will be sufficient, e. g., Farmer or Planter, or many occupations a single word or term on the plies to each and every person, irrespective of age. ss of various pursuits can be known. The question on is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.). If retired from business, that fact may be indireceive a definite salary), may be entered as Women at home, who are engaged in the For persons

tement of cause of death—Name, first, the disease of death—Name, first, the disease. The same accepted of the same disease. Examples: Cerebrospinal definite synonym is "Epidemic cere"); Typhoid fever (never report "Typhoid four pneumonia; unqualified, is indefinite); Tubercuffungs, meminges, peritonaeum, etc.. Carcin.

cause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head—homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purrebbal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis usnt neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always quality all diseases resulting from Measles (disease causing death), 29 ds.: (Recommendations on statement of (name origin; "Can. State cause for Examples:



| | RECORD | PHYSICIANS should state of OCCUPATION is very |
|--------------|---|---|
| V. S. No. 1. | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |

| PLACE OF I | 4000 | | STATE OF MARY CERTIFICATE OF | |
|---|---|-------------------------|---|---|
| | ••••• | | Registration Dist. | No. 119 |
| Village of Gity Bish | Philmon | o | Ward) | [If deeth occurred in a hospital or institution give its NAME instead of street and number.] |
| PERSONAL AND | STATISTICAL PARTICULA | RS | MEDICAL CERTIFICATE OF D | EATH |
| 3 SEX 4 COLO | RORRACE SSINGLE, MARRIED, WIDOWEO, ORDIVORED (Write the wor | ngle | 16 DATE OF DEATH (Month) | /2 , 1913 (Day) (Year) |
| 6 DATE OF BIRTH | (((() () () () () () () () (| <u>u)</u> | 17 I HEREBY CERTIFY, That I att | |
| | (Month) (Day) | , 1912 (Year) | that I last saw h allve on | |
| 7 AGE | s. <u>6</u> mos. / 6 ds. | if LESS than t day,hrs. | and that death occurred on the date stated about the CAUSE OF DEATH* was as follows: | |
| 6 OCCUPATION (a) Irede, protession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) | none | | Contributory (Secondary) | rs. mos ds |
| 10 NAME OF FATHER ASSESSED | of Head | md | (Signed) WHATITCHISTE Local 12 | |
| 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME | Bishop Head | md | *State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (2 Tal, Suicidal, or Homicidal. | leaths from Wrozawa |
| 13 BIRTHPLACE OF MOTHER (State or country) | ucy m Brum Bishop Had | ble md | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place In the of death yrs ds. State | YIS MOS ds |
| (Informant, Thomas | O THE BEST OF MY KNOW A H Bramble | LEDGE | it not at place of death? Former or usual residence | |
| (Address) Bisho | p Head m | d | Bramble Burying Ground af | ATE OF BURIAL |
| Filed april 13 191 | Local | REGISTRAR | 0 0 1/2 | eapom & |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (e)

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the . Sarcoma, etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY I 1913
BUREAU, V.S.

| | RECORD | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
|---|---|---|
| BINDING | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | be stated EXACTLY. |
| FOR LOR | NK-THIS IS | . AGE should properly classi |
| 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | UNFADING I | arefully supplied that it may be certificate. |
| MARGIN RESERVED FOR BINDING | AINLY, WITH | nation should be clin plain terms, so ictions on back of |
| V. S. No. 1. | WRITE PL | -Every item of information should be carefully sup CAUSE OF DEATH in piain terms, so that it may important. See instructions on back of certificate. |
| V. S. N | | N. W. |

| С | ounty Corchecter 4940 | STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / / O |
|--------------------------------------|--|--|
| (| Illiage or City beliance (No. 2 FULL NAME Charles & | St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL GERTIFICATE OF DEATH |
| 3 SE | Malk Thise Wildowsh, Marrison Wildowsh | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from Chr. 25 (1913, to Chr. 30 (1913) |
| 7 AG | (Month) (Day) (Year) GE If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at/ P m, The CAUSE OF DEATH* was as follows: |
| (a) part (b) busin whice | Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment to ch employed (or employer) BTHPLACE tate or country) Sale stown, MA | (Duration) yrs. mos. 2 ds. Contributory Strangeland Lurina (Secondary) (Duration) yrs. mos. 4 ds. |
| ARENTS | 10 NAME OF FATHER Jacob Callaway 11 BIRTHPLACE OF FATHER (State or country) Dochester Co 12 MAIDEN NAME | (Signed) |
| 14TI | OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE MEST OF MY KNOWLEDGE Informant) DELSKE LATE WE. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. |
| 15 File | (Address). Sharptown, M., od. May 1 d., 191 3 J. H. Hastings Of the Market of the Ma | 19 place of Burial or REMOVAL Sharptown May 2 , 1913, 20 UNDERTAKER NN, FRANEUSI (D) Sharptown M |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinocaus

childbirth or miscarriage, as "Puerperal septichae-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenciamere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) Alvays qualify all diseases resulting from (Recommendations on statement of may be stated under the head of or Homicidal, or as probably "Dropsy," (name origin; "Can-"Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECEIVED
JUN 4 1918
BUREAU, V. S.

No.

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. KECORD PERMANENT 4 LAINLY, WITH UNFADING INK-THIS 8

| 1 PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| DASOLUTER 4941 | CERTIFICATE OF DEATH |
| Gounty November 1341 | Registered No. //O |
| Village or City Hullock (No. | St; Ward) [If death occurred in a hospital or institution |
| FULL NAME Williams | give its NAME Instead of street and number.} |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO | 16 DATE OF DEATH 4/23 , 191 3 (Month) (Day) (Year) |
| DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| Lefat (Day) (Year) | that I last saw h allve on 4/2 2 , 191 3 |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 200 gm. |
| 1 day,hrs. | The CAUSE OF DEATH* was as follows: |
| yrsds. ORmin. ? | Sef acaemin Infected fact |
| (a) Trade, profession, or | |
| particular kind of work | |
| business, or establishment in which employed (or employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Horchester Co | (Secondary) (Duration) yrs |
| 10 NAME OF ST. Combel | (Signed) FRoger Myrrp , M. D. |
| O 11 BIRTHPLACE | 4/23, 191.3 (Address) There ex 2 ms |
| OF FATHER (State or country) DORMESTEL | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| of MOTHER Carlawterly | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS |
| 13 BIRTHPLACE OF MOTHER (State or country) Revelueter | At place In the of death yrs mos ds. State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? |
| (Informant) C. J. Campel, | Former or usual residence |
| (Address) Hulbert Md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed april 24th, 1913 Robert & Hashing of | Mashington Col Cemeter Cful 24th , 191.3 |
| REGISTRAN | It Hallenghby & Son Aperocke Mil |
| If more blanks are needed, address State Registrar, 6 | E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necmine, etc. statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing real the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeby carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For vio-



PHYSICIANS should state of OCCUPATION is very RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT stated EXACTLY. S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, and WIDOWED, BINDING ORDIVERCED
Write the word) Exact 4 classified. (Day) (Month) pe TAGE if LESS than S pinous C 1 day,hrs. THIS 0 mos. OR min. ? properly 8 OCCUPATION AGE (a) Frade, prefession, or INK RESERVED oarefully supplied. pe business, or establishment in UNFADING may which employed (or employer) so that it m ⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER MARGIN WITH pe ARENTS 11 BIRTHPLACE Instructions on back DEATH in plain terms, OF FATHER (State or country) of Information should PLAINLY. 12 MAIDEN NAME OF MOTHER 0. OF MOTHER (State or country WRITE See CAUSE OF Important. 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. T.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 119

| St.; Ward) a hi | |
|---|--|
| | It death occurred in ospital or Institution Its NAME instead treet and number.] |
| MEDICAL CERTIFICATE OF DEATH | |
| 18 DATE OF DEATH (Month) (Da | |
| april 21, 1913, to april 2 | |
| and that death occurred on the date stated above, at | 3-2 m |
| The CAUSE OF DEATH* was as follows: | |
| | |
| (Ouration) 2 yrs. | mosds. |
| Contributory Mulial & 2 just all (Secondary) | w |
| (Signed) Valor (January) | mosds. |
| perf 23, 1913 (Address) James | |
| *State the DISEASE CAUSING DEATH, or, in deaths CAUSES, state (1) MEANS OF INJURY; and (2) whe TAL, SUICIDAL, OR HOMICIDAL. | ther Acciden- |
| STATE OF RESIDENCE (FOR HOSPITALS, INSTITUTION OR RECENT RESIDENTS) | INS, TRANSIENTS, |
| At place to the | |
| At place ot death yrs mos ds. State yrs Where was disease contracted, It not at place of death? | mos ds. |
| At place ot death yrs mos ds. State yrs Where was disease contracted, It not at place of death? Former or usual residence. | mos ds. |
| At place of death yrs mos ds. State yrs Where was disease contracted, It not at place of death? Former or usual residence. | F BURIAL |

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE duties of the household only (not pald Housekeepers Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ecc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Index affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichae-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 (name origin; "Can-The nature of the



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

| PLACE OF DEATH 4943 | STATE OF MARYLAND |
|---|---|
| VIIIage or City Wrights (No. 2) | CERTIFICATE OF DEATH Registered No |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word) 8 DATE OF BIRTH 74 20, 1847 | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913. |
| (Month) (Day) (Year) 7 AGE 1 I LESS than 1 day, hrs. ORmin.? | and that death occurred on the date stated above, at & Q m. The CAUSE OF DEATH* was as follows: |
| (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | (Duration) yrs. mos. os. Contributory (Secondary) (Duration) yrs. mos. os. |
| OF ATHER VILLAM H DAVIDS-IN 11 BIRTHPLACE OF FATHER (State or country) W 12 Maiden Name OF MOTHER | (Signed) |
| A OF MOTHER | TAL, SUICIDAL, OF HOMICIDAL. |
| OF MOTHER / ANUly Trace | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Ât place In the of death |

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the misease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train—acctmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: FOF VIO-



certificate.

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Instructions

mportant.

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Acation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maran valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



| County Dorchester | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| Village or City Cauchredy No. Mary Elsey | Registration Dist. No. [If death occurred I a hospital or Institution give lits NAME lostea of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Widowso, Married Opportunity of the word) | 16 DATE OF DEATH (Month) . (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| Month (Day) (Year) | Muh 26, 1913, to Oful 12, 1913 that I last saw h 97 allye on Afril 12, 1913 |
| 7 AGE If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at & a m The CAUSE OF DEATH* was as follows: Agreemone of Merries |
| particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Perfect Country Maculland | Contributory (Secondary) (Duration)yrs. 9 mosds. (Duration)yrs. mosds. |
| 10 NAME OF FATHER William Shorter 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER | (Signed) |
| 13 BIRTHPLACE OF MOTHER (State or country) Mercyland | At place of deathyrs,mosds. Stateyrs,mosds. Where was disease contracted. |
| (Informant) Chambridge Manufridge Ma | If not at place of death? Former or usual residence. Description of the purification |
| Filed Jr. 13 1913 EENOGH REGISTRAR | 20 UNDERTAKER Md. ADDRESS |
| If more blanks are needed, address State Begistra | r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purrpural septichar-"Hart failure," "Haemorrhage," "Inanition," "Marasampie: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhanstion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nast neoplasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mail The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Lit death occurred in a hospital or institution. give its NAME instead of street and number. I 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIOOWEO, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above. 1 dayhrs. DEATH* was as follows: OR 7 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment lo (Duration) which employed (or employer) Contributory..... State or country) (Secondary) 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ... ____ yrs. mos. .. State Where was disease contracted. it not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address), 191<u>5</u> 15 Dawbridge.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal ness. If retired from business, that fact may be indiduties of the household only (not paid Housekecpers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the INSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN S. No. 1.

N. B.

| | PLAGE OF DEATH 4947 | STATE OF MARYLAND |
|-----------------|---|---|
| 1 | Nove le ation was: | CERTIFICATE OF DEATH |
| Co | ounty. OB PCALSTEE | Registration Dist. No. 1 10 |
| Vi | illage or City Beochview (No. | St.; Ward) [It death occurred in a hospital or institution, give its NAME instead |
| - | 2FULL NAME Mary It | tiles of street and numbar.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | ** COLOR OR RACE SINGLE, MARRIED, WIDOWEO, WIDOWEO, ORDIVORCEO (Write the word) | 16 DATE OF DEATH April 23 (Month) 4 (Day) 2 (Year) |
| 600 | ATE OF BIRTH | One hast 1012 to Abril 2.3 |
| | april 23 1831 | 11/103 |
| 7 A G | (Month) 4 (Day) 2 (Year) | and that death occurred on the date stated above, at |
| | 1 day, hrs. | The CAUSE OF DEATH* was as follows: |
| TEL | yrs. mos. ds. or min.? | Natural debility |
| | CCUPATION Lady | |
| | ticular kind of work | |
| busi | General nature of Industry, ness, or establishmant in | (Duration) yrs. Oreamosds. |
| 9 B1 | RTHPLACE A Thester Co Md | Contributory(Secondary) |
| | 10 NAME OF | (Duration) yrs neemos ds. |
| | FATHER Jora 3 Marine | (Signed) , M. D. |
| ITS | OF FATHER (State or country) | April 23, 191 3 (Address) 1 71 D Seaford Da |
| ARENTS | 12 MAIDEN NAME OF MOTHER OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| Ь | vacant Graci | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| | 13 BIRTHPLACE OF MOTHER (State or country) | Al place In the ot death yrs mos ds. State yrs mos ds |
| 14 _T | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| | (Informant) Jora 13. Marine | Former or usual rasidenca |
| | (Address) Brown live Med | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 | Att. Andrews | Brookner April 25, 1910 |
| Fii | 100 April 24, 1913 9 N. Hastings | 20 UNDERTAKER ADDRESS |
| | Dipty Local REGISTRAR | J. Framptom Ton tederal burg |
| | If more blanks are needed, address State Regis trar, 6 | M. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples For persons 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purreman scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conwhich surgical operation was undertaken. For viomia," "PUERPEEAL peritonitis," etc. State cause for cause. genital," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATH'S state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras. Bronchopncumonia (secondary), 10 ds. Never report eer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g. The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: Examples:



V. S. No. 1.

| | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | |
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Apr. 3 ,197

| | PLACE OF DEATH 4548 County Dorchester Village or City Cambridge (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. II6 [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
|-----------------------------|---|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 5 | Male Colored Widowso, on over the warried | 16 DATE OF DEATH April 2, 1913 , 191 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 7 A | June 4 1 8.7 (Month) (Day) (Yea Age | that I last saw h 1111 allve on Apr 1, 1910 |
| (a pa (b bu: wh | OCCUPATION a) Trade, protession, or articular kind of work | Acute Miliary Tuberculosis (Duration) Not known mos. ds. Contributory. |
| ARENTS | In the state of country and a state of country and a state of state of country and a state | (Secondary) (Daration) (Signed) (|
| Р | Sarah Jackson 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Israel Griffin | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, If not at place of death? Former or usual residence. |
| | (Address) Cambridge, Md | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |

Turner & StClair Cambridge, Md. If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

E. E. Wolff, Local

Cambridge, Md

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication; as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the hisease causing death—Name, first, the hisease causing death—Name, first, the hisease to the and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

JON

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, If impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PULEPERAL septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," genItal," "Senile," etc.), "Dropsy," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under injury, as fracture of skuli, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Lpanition," "Maran-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "An affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neopiasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," the head of "Weakness," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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10 PHYSICIANS should OCCUPATION RECORD 0 statement PERMANENT stated classified. pe 0 properly supplied. pe may certificate. 4 that 80 Jo WITH back terms, should LO PLAINLY piain instructions DEATH IN 90 ō mportant. Every

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // F Ilf death occurred in St :----Ward) a hospital or institution. give its NAME instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEDALLICO WIDOWED, (Month) (Write the word) Enloyed I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH, 191....., to. that I last saw h.........alive on...... (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, t day hrs. The CAUSE OF DEATH * was as follows: OR 7 ds. 6 OCCUPATION (a) Frade, prefession, or parficular kind of work. (b) General nature of industry, business, or establishment to (Duration) last several years no occupat which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) (Daration)yrs....mes..... 10 NAME OF FATHER 11 BIRTHPLACE, 191..... (Address)...... ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-C 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. ds. Where was disease confracted. If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers statement. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. figation, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for Examples: FOT VIO-



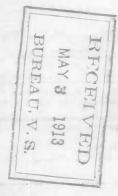
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[Approved by U. S. Census and American Public Health Association.]

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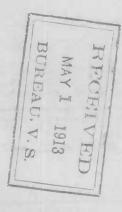
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[Approved by U. S. Census and American Public Health
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STATE OF MARYLAND 1 PLACE OF DEATH 4953 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la St.: Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO. WIDOWEO, (Day (Month) OR OLVORCEO I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h. Er-(Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 4,30 1 day,.....hrs. The CAUSE OF DEATH* ..min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) 2- yrs. 2-mos 15 ds. which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER (Signed) (Address) thlung Crass 11 BIRTHPLACE PARENT OF FATHER (State or coun *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or county At place In the of death yrs. mos. ... State _____ yrs, ____ mos. ds. Where was disease contracted, 14 THE ABOVE IS OF MY KNOWLEDGE If not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAF

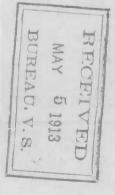
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. For many occupations a single word or term on the cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first fine will be sufficient, e. g., Farmer or Planter, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. been changed or given up on account of the disease Statement of occupation-Treeise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinul Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopueumonia ("Pneumouia," unqualified, is indefinite): Tubercucisis of lunys, meninyes, peritonaeum, etc., Carchi

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-*Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scuile," etc.), "Dropsy," "Exhaustion," The nature of the Never report probably



PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. CAUSE OF Important.

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1 PLACE OF DEATH

yillage or City Fishing Creek No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //5

.....Ward) St.;....

[It deeth occurred in a hospitel or institution. give its NAME Instead ot street and number.]

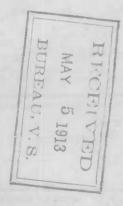
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|--|
| Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH DECEMber 28 H, (Month) (Day (Year) | (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 , to 191 , 191 |
| 7 AGE yrs. 30 mos. 30 ds. or | The CAUSE OF DEATH* was as follows: |
| © OCCUPATION (a) Trade, profession, or perticuler kind of work. (b) General neture of industry, business, or establishment in | (Duration) yrs mos ds |
| which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER JUSTIC MESSAGE 12 MAIDEN NAME OF MOTHER JUSTIC MESSAGE 13 MAIDEN NAME OF MOTHER JUSTIC MESSAGE 14 MAIDEN NAME OF MOTHER JUSTIC MESSAGE 15 MESSAGE 16 MESSAGE 17 MESSAGE 18 MESSAGE 18 MESSAGE 19 MESSAGE 10 MESSAGE 11 MESSAGE 12 MAIDEN NAME OF MOTHER JUSTIC MESSAGE 18 MESSAGE 19 MESSAGE 10 MESSAGE 10 MESSAGE 10 MESSAGE 11 MESSAGE 12 MESSAGE 13 MESSAGE 14 MESSAGE 15 MESSAGE 16 MESSAGE 17 MESSAGE 18 MESSAGE | (Signed) (Duration) yrs mos ds (Signed) (Signed) (Address) Taking Creat Registre *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) archiever Co., Ind. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where wes disease contracted, if not at piece of death? former or |
| (Address) Golday Hell, Mad. 16 Filed And 27, 1913 MANAGEM Registrar If more blanks are needed address State Registrar | usual residence. 19 PLACE OF BURIAL OF HERONAL DATE OF BURIAL 19 PLACE OF BURIAL OF HERONAL DATE OF BURIAL 19 PLACE OF BURIAL OF HERONAL DATE OF BURIAL 20 UNDERTAKER Chas C. Mashwo Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers should be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write Nonc. cated thus: ness. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Nevcr return Farmer (retired 6 yrs.) For persous "Laborer," But iu many As examples: "Foreman," (4)

lesis of lungs, pneumonia"); Lobar brospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid meninges, uuqualified, is Indefiuite): Tubercufever (never report "Typhoid pneumonia; Bronchopneumonia peritonacum, etc., Carcin-

> ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably is less defiuitc; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," Never report



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| PERMANENT | tated EXACTLY. Exact statement |
| NK-THIS IS A | AGE should be a properly classified. |
| UNFADING | carefully supplied. that it may be f certificate. |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC | Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of timportant. See instructions on back of certificate. |
| WR | Every Item CAUSE OF Important. S |

SICIANS should

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Dorchester Registration Dist. No. Ilt death occurred in a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, Sungle 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death _____ yrs. mos. State _____ yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blams are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the diberals causino death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinolatis of lungs, meninges, peritonaeum, etc... Carcinolatical cause of the same death of the death of the same death of the same death of the same death of the same discount of the same accepted to the same accepted the same accepted to the same accepted the same accepted to the s

childbirth or miscarriage, as "PUREPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Meastes; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: For vio



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| WITH UNFADING | i information should be esrefully supplied EATH in pisin terms, so that it may be |
| TE PLAINLY | Information sh |

instructions on back of certificate.

Every item CAUSE OF Important.

4956 Derchester Noveford Mid, No.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

.st;.... Ward) [It death occurred to a hospital or Institution,

| 2 FULL NAME James St Clair | Mister give its NAME inster |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Black Single, Child MARRIED, WISOMED, ORDIVORCED (Write the word) | 16 DATE OF DEATH april 18 - , 1913 (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from april 10 7, 1913, to april 1913 |
| (Month) (Day) (Year) AGE If LESS than | that I leat saw h the alive on april 17 ,1913 and that death occurred on the date stated above, at 3 a n |
| yrs. 7 mos. 3 ds. or mig.? | The CAUSE OF DEATH* was an follows: Preumonia Deorcho |
| particular kind of work (b) General nature of Industry, business, or ostablishmeot in which employed (or employer) | (Duration) yrs, mos % d |
| (State or country) Dov. Co. Md. | (Secondary) (Secondary) (Secondary) (Deration) yrs. mos. deration) (Signed) |
| 11 BIRTHPLACE OF FATHER (State or country) Dw. Co. Ma | *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- |
| 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME Clifabeth Leymon 13 BIRTHPLACE OF MOTHER (State or country) | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENTS) At place in the of deathyrsmosds. Stateyrsmosds. |
| (informant) furnes a. Mister | Where was disease contracted, It not at place of death? Former or osual residence. |
| (Address). Woolfund Md. | Madisin, ma apple 1913. 20 UNDERTAKER ADDRESS |
| Flied 191 REGISTRAR | Donald Richardson Church Crak |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement applies to each and every person, irrespective of age ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimateriai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accl ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "AIture of the American Medical Association.) sepsis, tetanus) is less definite; avoid use of "Tumor" for malle-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-01



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

| Village or City Cambriage (No. 27) *FULL NAME Raeph M. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // St.; Ward) St.; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL GERTIFICATE OF DEATH |
| Male white Single, Marieo, Widoweo, Widoweo, Widoweo, Widoweo, Widoweo, Widoweo, Widoweo, Widoweo, Witte the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from |
| May 1912 (Month) (Day) (Year) | that I last saw h. alive on after 124 1945 |
| TAGE It LESS than 1 day,hrs. ORmin.? Ca) Trade, profession, or The profession or particular kind of work | and that death occurred on the date stated above, at |
| (b) General nature of Industry, business, or establishment in which employed (or employer) | Contributory (Ouration) yrs. mos ds. |
| State or country) Maryland 10 NAME OF FATHER James Clinton Mobray 11 BIRTHPLACE (State or country) Maryland 2 MAIDEN NAME OF MOTHER OLONG A Hardy selon | (Secondary) (Duration) yrs mos ds. (Signed) , M. D. (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds. State yrs, mos ds. Where was disease contracted, it not at place of death? former or |
| (Address) Cambridge Ma, Rodd #11 Filed Afr. 15, 1913 EN OFF REGISTRAR | 19 PLACE OF BURIAL OR REMOVAL Last New Market Corretes april 1, 1913 20 UNDERTAKER Mit, ADDRESS |
| If more branks are needed, address State Begistrar | c, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

V. B. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative ...ealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonacum, etc.. Carcinosis of tungs, meninges, peritonacum, etc.. Carcinosis

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERFERAL scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As nant neopinsms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:



CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registered No. lif death occorred inWard) a hospital or institution, RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR MACE 5 SINGLE, MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 1881 (Month) (Day) (Year) 7 AGE if LESS than on the date stated above, s 1 day,hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in DING which employed (or employer) -----BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 0 0 OF FATHER (State or country) terms, ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country in the DEATH of death yrs. mos. ... State yrs. ____ ds. Where was disease contracted. See if not at place of death?.. 0 Former or Every Item CAUSE OF usual residence mportant. DATE OF BURIAL 15 DDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto.,

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Forcman," it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mails. "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildhirth or miscarriage, as "Puerperal septichac: "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclamere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 3 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

| County Or chistis | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| County | Registration Dist. No. 110 |
| Village or City Vecuna (No. , | St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Final Thele (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Vattended deceased from |
| 8 DATE OF BIRTH Seff 2, 184 (Month) (Day) (Year) | that I last saw he alive on afen 19 1913 |
| POCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in | and that death occurred on the date stated above, at C, BO Pm, The CAUSE OF DEATH* was as follows: Mefalixities Don't Curation Management Management |
| which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF | Contributory (Secondary) Coma (Secondary) (Opration) yrs mos 2 ds. |
| FATHER Thys Craff 11 BIRTHPLACE OF FATHER (State or country) Dr chealer 12 MAIDEN NAME OF MOTHER MAILELLA Fraha | (Signed) |
| 13 BIRTHPLACE OF MOTHER (State or country) Dorchister | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds. |
| (Informant) This . J. Mushing | Where was disease contracted, If oot at place of death? Former or usual residence |
| 16 Filed April 19th, 1913 Robert & Aastrije E REGISTRAR | Messack of Burial OR REMOVAL DATE OF BURIAL Messack of Burial OR C. C. DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS L'ANDRONN OF DE devalorung. |
| If more hlanks are needed, address State Registra | r, & E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile, factory. The it should be used only when needed." As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deuler," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carein-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUNY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichae-"Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., oI .. "Contributory." which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples: For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Co | PLACE OF DEATH 4960 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 6 |
|-------------|---|--|
| Vi | 11age or City Cambridge No. 417. | St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | A COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DA | (Month) (Day) (Year) | March 1, 1913, to a faril 17, 1913, that I last saw her alive on a faril 15, 1913 |
| 7 AG | | and that death occurred on the date stated above, at 11, 15 Pm, The CAUSE OF DEATH* was as follows: |
| (a) pari | CUPATION Frade, profession, or Housework General nature of industry, | · |
| busin | ess, or establishment in h employed (or employer) | (Buration) yrs. mos. ds. Contributory Caroliac Failure (Secondary) |
| ARENTS | 10 NAME OF FATHER James Stewart 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CONTROL E CO. | (Signed) Gration) yrs mes ds. (Signed) Grand No. D. (Signed) Could not be seen to see the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| d | 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. |
| | informant) James Mash | Where was disease contracted, If oot at place of death? Former or usual residence |
| 15 File | Address) Cambridge Md High St Ar. 18, 1913 SEW STRAR | DATE OF BURIAL OR REMOVAL Conditions and april 1919 20 UNDERTAKER LUTTUR & M. Claur Conditions ADDRESS LUTTUR & M. Claur Conditions Conditions ADDRESS |
| | If more biguite are needed, address State Registrar | r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. statement. the nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In a respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpreal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-



MARGIN RESERVED FOR BINDING

SICIANS shoul PHYSICIAN RECORD 5 statement PERMANENT EXACTLY. classified. pe should properly AG. supplied. pe DING may certificate. carefully = that 20 ŏ back terms, should plain instructions Information 2 of Infor item OF Every item CAUSE OF Important. m Z

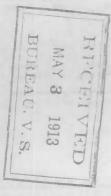
STATE OF MARYLAND 1 PLACE OF DEATH 4961 CERTIFICATE OF DEATH Registration Dist. No. 11 [If death occurred inWard) a hospital or institution, give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, 6 (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment In (Duration) which amployed (or ampioyer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death (State or country yrs. mos. ds. State yrs, ____ mos, ds Where wes disease contracted. 14THE ABOVE IS TRUE it not at place of death? (Intermant) usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more hianks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (rettred 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dipneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carholic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions." "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial aephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of ... ture of the American Medical Association.) Sarcoma, etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhanstion," (Recommendations on statement of State cause for Examples:



PERMANENT UNFADING INK-THIS PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

1 PLACE OF DEATH

4962

STATE OF MARYLAND CERTIFICATE OF DEATH

| R | egis | trati | on D | ist. | No. | 110 |
|---|------|-------|------|------|-----|-----|
| | -0 | | | | | , |

Lif death occurred in

| Y | FULL NAME Wary adalise Si | st.; Ward) a hospital or institution, give its NAME instead of street and number.] |
|--|--|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| JSE | errale, de la color or race 5 single, MARRIEO, MIDOWEO, WIDOWEO, ORONOMORED (Write the word) | 18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 8 D | (Month) (Day) (Year) | apr 1913, to apr 9 1913, that I last saw held alive on apr 8 1919 |
| TA | | and that death occurred on the date stated above, at 4-45 Pm. |
| | 7 (yrs. 7 mos. 2 9 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| (a) | CCUPATION) Trade, profession, or tricular kind of work | Manageneria de la companya della companya della companya de la companya della com |
| (b) bus | General nature of industry, iness, or establishment in ich employed (or employer) | (Duration) yrs. mos. 9 ds. |
| 9 B | IRTHPLACE (tate or country) Manualand | Contributory (Secondary) |
| NTS | 10 NAME OF FATHER Reed. | (Signed) B. B. Jefferson, M. D. Address) Holerals Ingmo |
| AREN | (State or country) | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| PA | 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | Where was disease contracted, If not at piace of death? Former or |
| | (Address) Redenalsburg, Mid, | USUAI PESIGENCE |
| 16 Fi | jed apriesoch 1913 Robet & Hastings | Tederals burg, Ma, Ahr., 1913. |
| | If more blanks are needed, address State Regis trar, 6 | E. Franklin St., Balto Requesting V. S. No. 1. |
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." such, if impossible to determine definitely. mia," "PUERPEEAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaemus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NAY 3 1913
BUREAU, V.S.

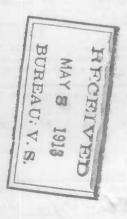
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[Approved by U. 8. Census and American Fubilc Health
Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should he used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUEEPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medicai Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary). 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for maily The contributory tetanus). may he stated under the head Aiways qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Cun State cause for Never report Examples:



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

W. B. No. 1.

N. B.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| Dorchester 4964 | CERTIFICATE OF DEATH |
| County | Registration Dist. No//6 |
| Village or City Cambridge (No. | St.; Ward) [If death occurred in a hospital or institution |
| * FULL NAME Thomas W. | Stewart give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Isex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word) | 18 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| (Month) (Day) (Year) | that I last saw him alive on Coff. 5- ,1913 |
| 7 AGE If LESS than 1 day, | and that death occurred on the date stated above, a m, The CAUSE OF DEATH* was as follows: |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work | Pmnds. Preummia. |
| (b) General nature of industry, business, or establishment in which employed (or employer) | (Duration) yrs. mos /O ds. |
| 9 BIRTHPLACE (State or country) Sad. | (Secondary) |
| 10 NAME OF William Stewart | (Signed) S. E. Walff, M. D. |
| 11 BIRTHPLACE OFFATHER (State or country) 12 Maiden NAME OF MOTHER OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| 12 MAIDEN NAME OF MOTHER Ida I Prinkett | CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds. |
| (Intermant) William Stewart | Where was disease contracted, If not at place of death? Former or usual residence. |
| (Address) Cambridge Jud. | Condition lend april 1913 |
| Filed of 6, 1913 ElWolff Treal REGISTRAR | Levis N. Bayerum Gunhider led. |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Oroup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can State cause for "Exhaustion, Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

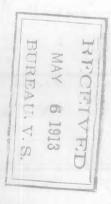
| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Dorelectiv 4965 | CERTIFICATE OF DEATH Registration Dist. No. //6 |
| Village or City Combridge (No. 2) | St.; Ward) [If death occurred a hospital or instituting give its NAME insteed and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED | 16 DATE OF DEATH 2/15, 1913 (Month) (Day) (Year) |
| 6 DATE OF BIRTH Such. 21, 19/3 | 17 I HEREBY CERTIFY, That I attended deceased from the state of the st |
| 7 AGE (Month) (Day) (Year) 1 LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at 1230 Pm |
| (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) And | Contributory Acclession (Secondary) |
| 10 NAME OF FATHER Then Tilghman 11 BIRTHPLACE OF FATHER (State or country) | (Signed) Yrs mos ds (Signed) Yrs M. D And 17, 1913 (Address) Gauchi Sfr Sud *State the DISEASE CAUSING DEATH, or, in deaths from Violent |
| 12 MAIDEN NAME of Mother Lillie Hugher 13 BIRTHPLACE OF MOTHER (State or country) | CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds |
| (Informant) John Triglinar (Sambi dyn Mid | Where was disease contracted, If not at piace of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 Filed fr. 17, 1913 Selvoft Recistran | Lawfield Baymeum Cawfields he |
| | ar. 6 E. Franklin St. Ralto. Requesting V S No. 1 |

[Approved by U. S. Census and American Public Health Association.]

""Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never repor Examples: For vio-



V. S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS carefully supplied. that it may be DEATH in plain terms, so that it man See instructions on back of certificate, PLAINLY, WITH of information should be WRITE CAUSE OF Important. S

| PLACE OF DEATH 4966 County Darchester Village or City Hahing Creek (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 5 [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| TAGE ACOLOR OR RACE MARRIED, Woldowed, ORDIVORCED (Write the word) TAGE ACOLOR OR RACE MARRIED, Woldowed, ORDIVORCED (Write the word) TAGE TAGE TAGE TO DAY (Year) TAGE TO CCUPATION (a) Trade, profession, or Journey Americal Race with a strandary particular kind of work (b) General nature of industry, Jusiness, or establishment in which employed (or employer) | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 12 1 1 1913, to april 21 1 1913. that I last saw home alive on a pril 20 1 1913. and that death occurred on the date stated above, at 8 1 m The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: (Duration) 3 yrs. 2 mos. 1 2 ds. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER SELLY William Travers, 11 BIRTHPLACE OF FATHER (State or country) william Travers, 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) williams Reseas Ruary, 13 BIRTHPLACE OF MOTHER (State or country) Resease Ruary, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (interment) May Oleria adams | Contributory Secondary (Buration) 3 yrs 7 mos ds. (Signed) 7 M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *Blength of Residence (For Hospitals, Institutions, Transients or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. |
| (Address) Friling Creek, Mary land | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |

Travers Burying ground Fishing Filed april 22, 1913 REGISTRAR Wint Summons to If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

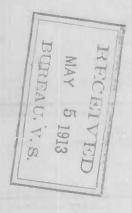
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yes.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For vio-



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Instructions

OF item

Every item CAUSE OF Important,

OCCUPATION

PHYSICIANS

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 6 St.:...Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE FNH OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State yrs, ____ mcs. Where was disease contracted. if not at place of death? Former or usual residence (Address)

fif death occurred in

a hospital or institution.

give its NAME instead of street and number. 7

(Dav)

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not it should be used only when needed. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the niseasm who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-hamicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT nEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from (name origin; "Can Examples For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 8 1918
BUREAU. V. S.

| | uld state |
|---|---|
| RECORD | PHYSICIANS shoof OCCUPATION |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| -THIS IS A | IGE should be st operly classified. |
| VEADING INK | sfully supplied. A at it may be prefitted. |
| LY, WITH UP | should be care in terms, so the s on back of cer |
| WRITE PLAIN | Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. |
| | Every iter CAUSE O important. |

4968 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration Dist. No. // | S | ٩ | | , | 1 | , | 1 | | ١. | c | N | ı | st | ì | D | ח | 0 | ti | a | tr | S | gi | Re | |
|---------------------------|---|---|--|---|---|---|---|--|----|---|---|---|----|---|---|---|---|----|---|----|---|----|----|--|
|---------------------------|---|---|--|---|---|---|---|--|----|---|---|---|----|---|---|---|---|----|---|----|---|----|----|--|

Ward)

[If death occurred in

| FULL NAME Elsie Tyler | give ifs NAME instead of street and number. | | | | | |
|--|--|--|--|--|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | | | |
| Jemals 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word) | 16 DATE OF DEATH (Month) (Way (Year) 17 I HEREBY CERTIFY, That I attended decoursed from | | | | | |
| TAGE O DATE OF BIRTH (Month) (Day (Year) | that lest saw h alive on , 191 | | | | | |
| B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nafure of indusfry, business, or establishmenf in which employed (or employer) | I THE CHOSE OF DEATH * WAS AS IOHOMS: | | | | | |
| 9 BIRTHPLACE (State or country) Northeoter Co., Ind | Contributory Secondary (Burafion) (Signed) Laurence P. Austen J.P. ackin Coroner | | | | | |
| 11 BIRTHPLACE OF FATHER (State or country) or cheater Co., Ynd 12 MAIDEN NAME OF MOTHER. | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | | | | | |
| 13 BIRTHPLACE OF MOTHER (State of country) whater Co. Mid 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) albert W. Jyler | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. Af place In fhe of deafh yrs. mos. ds. State yrs. mos. ds Where was disease confracted, If nof at place of death? Former or usual residence. | | | | | |
| (Address) 1 ter pero ville, And. 15 Filed Ward 19 7/1913 To the Honatry | 19 PLACE OF BURIAL OR REMOVAL John Surial Frank 20 UNDERTAKER DATE OF BURIAL ADDRESS ADDRESS | | | | | |

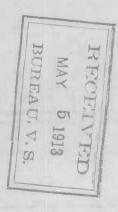
more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-mine, etc. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is uecfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up ou account of the nisease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name orlgiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

N. 30.

| PLACE OF DEATH 4969 | STATE OF MARYLAND |
|---|---|
| I for testmeliation | CERTIFICATE OF DEATH |
| County Tanta | Registration Dist. No. 154 |
| Village or City Andrews (No. | St.; Ward) [If death occurred in a hospital or institution give its NAME instead |
| FULL NAME Willie Conne | of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH afruit 1 1913 |
| Femail While (Write the word) Granuel | (Menth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH | Much 21 1913 to Opiel 1 1913 |
| (Month) (Day) (Year) | that I last saw h 97 alive on Wich 31 1913 |
| 7 AGE If LESS than | and that death occurred on the date stated above, at3 |
| 3 7 yrs. 3 mos. / 4 ds. orhrs. | The CAUSE OF DEATH * was as follows: |
| BOCCUPATION | Homeled Viennema |
| (a) Trade, profession, or particular kind of work | |
| (b) General nature of industry, | |
| business, or establishment in House William which employed (or employer) | Contributory (1) asserts of magnifican |
| 9 BIRTHPLACE (State or country) Parchester (v- and | (Secondary) |
| 10 NAME OF// | (Signed) Victor & Sauril M. D. |
| FATHER Collon Christians | Chief 1, 191 3 (Address) fauled to ma |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A A A A A A A A A A A A A | *State the DISEASE CAUSING DEATH, Or In deaths from Violence |
| M 12 MAIDEN NAME A SE | CAUSES, state (1) Means of Injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the |
| OF MOTHER (State or country) Jachester Co and | of death yrs mos ds. State yrs mos ds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? |
| (Informant) Cleaner O Sylery | Former or usual residence |
| (Address) andrine wh | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 ne 1. 1 | 20 UNDERTAKER ADDRESS ADDRESS |
| Fledafrit 2, 1913 / Laurete | |
| If more Manks are needed, address State Regis trar, 6 | E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer essary to know (a) the kind of work and also (b) Civil engineer, Stationary-fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." schsis, tetanus) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. childbirth or miscarriage, as "l'uerpman septichaeetc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Kart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convultions," "Debility" ("Con mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for "Old Age," "Shock." Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Tracmia," "Weakness," ... (name origin; "Can Examples: 20



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

| County & orchester | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6 |
|---|---|
| Village or City Cambridge (No. 218, *FULL NAME Thomas P. Vin | Academy St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and nomber.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 GOLOR OR RACE MARRIED, Married WIDWED, ORDIVERCED (Write the word) 6 DATE OF BIRTH May 3/4, 1829 (Month) (Day) (Year) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from part of the last saw has alive on a feet 28, 1918 |
| Page If LESS than 1 day,hrs. 0 mos. 27 ds. 0 mos | and that death occurred on the date stated above, at |
| 10 NAME OF FATHER Phos. Pary Cand 11 BIRTHPLACE OF FATHER Mary Cand 22 (State or country) Mary Cand 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Mary Cand 13 BIRTHPLACE OF MOTHER (State or country) Mary Cand | (Signed) |
| (Informant) E. C. D. Winton (Address) Lambridge Md. (Address) 15 Filed 29, 1913 SSWalf REGISTRAN If more blanks are needed, address State Begistran | Where was disease contracted, It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 30, 181 3 20 UNDERTAKER W. Whillis Bro. Cambridge Med |

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

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sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharipus," "Old Age," "Shock," "Uraemla," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the tbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... Is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-



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RECORD

PERMANENT EXACTLY.

WRITE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. J [If death occurred in St :----Ward) a hospital or Institution. give its NAME lostead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death Where was disease contracted If not at place of death Former or usual residence OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: For vio-



STATE OF MARYLAND Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. N Ilf death occurred in a hospital or institution, RECORD give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS. statement PERMANENT EXACTLY 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. BINDING (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. OF DEATH* OR 7 properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, supplied. be business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (Secondary) (State or country) carefully that it 10 NAME OF FATHER (Signed) 80 Ö ARGIN back 11 BIRTHPLACE terms. ARENT OF FATHER should (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place to the OF MOTHER (State or country of death yrs. mos. ... State DEATH Where was disease contracted. Sea If not at place of death?. 0 Former or Item OF usual residence. mportant. DATE OF BURIAL Every 15 ADDRESS m REGISTRAR ż If more blanks are needed, address Stats Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness." If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Marager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Forcman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter,

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8. No. 16

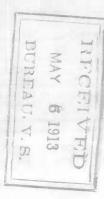
| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| 1 San las 4973 | CERTIFICATE OF DEATH |
| County DT CALLANT | Registration Dist, No. 1/6 |
| near Camb | lage [If death occurred in |
| Village or City That (No | St.;Ward) a hospital or Institution, |
| | give its NAME instead of street and number.] |
| FULL NAME Sunce Was | thingkam |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH Share 5 1013 |
| MARRIED, WIDOWED. | (Month) (Day) (Year) |
| Temale colore (Write the word) | 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH | april 1, 1913, to 191, |
| May , 1853. | that I last saw h Er alive on about for 1 1913 |
| (Month) (Day) (Year) 7 AGE If LESS than | Q P |
| La Tinknown 1 day hrs. | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| yrs. mos. ds. OR min.? | THE CAUSE OF DEATH * Was as follows: |
| BOCCUPATION | Pulmon on Tubrocalosis. |
| (a) Trade, profession, or parficular kind of work | J |
| (b) General nature of industry, | |
| business, or establishment in which employed (or employer) | (Ouration)yrsmosds. |
| 9 BIRTHPLACE (State or country) | Contributory (Secondary) |
| (State or country) | (Doration) yrsmesds. |
| 10 NAME OF | |
| FATHER Samuel Cares | (Signed) , M. D. |
| OF FATHER | |
| Z OFFATHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| 2 12 MAIDEN NAME OF MOTHER | |
| a Curpmon | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| 13 BIRTHPLACE OF MOTHER (State or country) | At place in the of death yrs mos ds. State yrs mos ds. |
| | Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | If oof at place of death? |
| Informant) Charles To Management | Former or usual residence |
| (Address) Cordiona Bola | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (AUDITESS). | Cos STewn Ind Cor - 7, 1913 |
| Dr. 6 3 58/2011 | 20 UNDERTAKER ADDRESS |
| Filed , 1913 REGISTRAR | June 81 82 0 10 10 |
| If more blanks are needed, address State Registra | r, 6 E. Franklin St.; Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

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4974 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH m chesting Registration Dist. No. 1/9Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEY SSINGLE, MOR 4 COLOR OR RACE WIDOWED, Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than f dayhrs. OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (State or Juntry) *State the DISHASH CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER TE LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State yrs. mos. Where was disease contracted. If not at place of death?.. Former or usual residence.

15 REGISTRAR

Ilf death occorred in

a hospital or institution.

give its NAME instead of street and number. 1.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.) No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should OCCUPATION RECORD ERMANEN classified. pinous properly AGE supplied. be may certificate. that It 80 90 on back terms, should plain Instructions Information DEATH IN See Every Item CAUSE OF mportant.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or Institution, give its NAME instead of street and number. 7 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. WIDOWED. (Day) ORDIVORGED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ---Contributory..... State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs. mos. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

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